

FILED  
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JAMES L. WILSON  
CLERK OF DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

E-filing

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

PETER HERNANDEZ,

Plaintiff,

vs.

B. CURRY, Warden,

Defendant.

CV 08 2278  
CASE NO. \_\_\_\_\_

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

JSW

(PR)

I, Peter Hernandez, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_\_ No xx

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Employer: \_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 N/A

5 \_\_\_\_\_  
 6 \_\_\_\_\_  
 7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

9 a. Business, Profession or Yes \_\_\_\_ No xx  
 10 self employment

11 b. Income from stocks, bonds, Yes \_\_\_\_ No xx  
 12 or royalties?

13 c. Rent payments? Yes \_\_\_\_ No xx

14 d. Pensions, annuities, or Yes \_\_\_\_ No xx  
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes \_\_\_\_ No xx  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 \_\_\_\_\_  
 22 \_\_\_\_\_

23 3. Are you married? Yes \_\_\_\_ No xx

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

NONE

5. Do you own or are you buying a home? Yes \_\_\_ No xx

Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

6. Do you own an automobile? Yes \_\_\_ No xx

Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

Is it financed? Yes \_\_\_ No \_\_\_ If so, Total due: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

7. Do you have a bank account? Yes \_\_\_ No xx (Do not include account numbers.)

Name(s) and address(es) of bank: \_\_\_\_\_

Present balance(s): \$ \_\_\_\_\_

Do you own any cash? Yes \_\_\_ No xx Amount: \$ \_\_\_\_\_

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes \_\_\_ No xx

8. What are your monthly expenses?

Rent: \$ 0.00 Utilities: \$ 0.00

Food: \$ 0.00 Clothing: \$ 0.00

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
	\$ <u>0.00</u>	\$ <u>0.00</u>
	\$ <u>0.00</u>	\$ <u>0.00</u>
	\$ _____	\$ _____

9. Do

1 you have any other debts? (List current obligations, indicating amounts and to whom they are  
2 payable. Do not include account numbers.)

3 NONE

4  
5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes      No XX

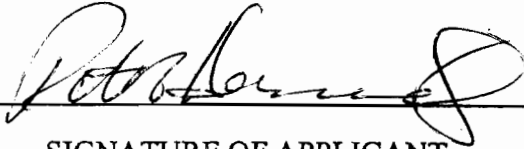
7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.

9  
10  
11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.

15  
16 April 20, 2008

17 DATE

18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
  
SIGNATURE OF APPLICANT

Case Number: \_\_\_\_\_

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of

Hernandez, Peter for the last six months at  
[prisoner name]

CTF- Soledad where (s)he is confined.  
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 32.00 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 14.06.

Dated: 4/24/08

Yolanda Chang  
Authorized officer of the institution  
Acct / Specialist

Correctional Training Facility  
P. O. Box 686  
(5 Miles N of Soledad on US 101)  
Soledad, California 93960



THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.  
ATTEST: 4/24/08  
CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY Yolanda Chang  
TRUST OFFICE  
Acct / Specialist

Case Number: \_\_\_\_\_

**CERTIFICATE OF FUNDS**  
**IN**  
**PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Peter Hernandez for the last six months at Correctional Training Facility - Central [prisoner name] Soledad, CA 93960-0686 where (s)he is confined. [name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ \_\_\_\_\_ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ \_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_  
[Authorized officer of the institution]

REPORT ID: TS3030 .701

REPORT DATE: 04/24/08  
PAGE NO: 1CALIFORNIA DEPARTMENT OF CORRECTIONS  
CTF SOLEDAD/TRUST ACCOUNTING  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 25, 2007 THRU APR. 24, 2008

ACCOUNT NUMBER : C03015  
ACCOUNT NAME : HERNANDEZ, PETER JR  
PRIVILEGE GROUP: A  
BED/CELL NUMBER: CFFWT20000000237L  
ACCOUNT TYPE: I

## TRUST ACCOUNT ACTIVITY

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
11/25/2007		BEGINNING BALANCE					0.05
12/07	D554	INMATE PAYROL 1757 P14			48.00		48.05
12/10	FC01	DRAW-FAC 1 1809 ML				48.00	0.05
		ACTIVITY FOR 2008					
01/28	D554	INMATE PAYROL 2388 P13			48.00		48.05
02/04	D554	INMATE PAYROL 2466 P12			48.00		96.05
02/11	FC01	DRAW-FAC 1 2556 ML				96.00	0.05
03/21	D554	INMATE PAYROL 3072 P3			48.00		48.05
04/03	D554	INMATE PAYROL 3152 P11			48.00		96.05
04/07	FC01	DRAW-FAC 1 3216 ML				75.00	21.05
04/15	W450	DONATION-VETE 3376SUBWAY				18.50	2.55

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.05	240.00	237.50	2.55	0.00	0.00

CURRENT  
AVAILABLE  
BALANCE

Correctional Training Facility  
P. O. Box 686  
(5 Miles N of Soledad on US 101)  
Soledad, California 93960  
ATTN: Trust office

THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.

ATTEST: 4/24/08

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY Yolande Cheng

TRUST OFFICE

Auct. 1 Specialist